

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10617496**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2				/		
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TOTAL IND.	2		2			
TOTAL DEP.						
TOTAL CLAIMS	9		10			

	IND	DEP	IND	DEP	IND	DEP
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